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A PROFESSIONAL LIMITED
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One Atlantic Center
1201 West Peachtree Street
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Atlanta, GA 30309
Telephone: (404) 872-7000
Fax: (404) 888-7490
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Dana E. Stano
Direct Dial: (404) 879-2437
Direct Fax: (404) 879-2937
E-mail: dstano@wcsr.com

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January 19, 2005

Number of Pages: 10

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Commissioner for Patents

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

)

NABIL L. MUHANNA, M.D.

)

Examiner: **Stokes, Candice C.**

Serial No: **10/047,587**

)

Art Unit: **3732**

Filed: **January 15, 2002**

)

Attorney Docket no: **M112 1100**

For: **INTEVERTEBRAL DISC PROSTHESIS AND METHODS OF IMPLANTATION**

THIRD AMENDMENT AND RESPONSE

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PTO/S&Z1 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/047,587
	Filing Date	January 15, 2002
	First Named Inventor	Nabil L. Muhanna
	Art Unit	3732
	Examiner Name	Stokes, Candice Capri
	Attorney Docket Number	M112 1100
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Womble Carlyle Sandridge & Rice, PLLC	
Signature	<i>Dana E. Stano</i>	
Printed name	Dana E. Stano	
Date	January 19, 2005	Reg. No. 50,750

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
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Typed or printed name	Pam Turnbough	Date January 19, 2005

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/047,587
		Filing Date	January 15, 2002
		First Named Inventor	Nabil L. Muhanna
		Examiner Name	Stokes, Candice Capri
		Art Unit	3732
TOTAL AMOUNT OF PAYMENT (\$) .00		Attorney Docket No.	M112 1100

METHOD OF PAYMENT (check all that apply)

☐ Check
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 Deposit Account Number: 09-0528
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
17 - 20 or HP = 34	x 25.00	= .00
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
8 - 3 or HP = 13	x 100.00	= .00
HP = highest number of independent claims paid for, if greater than 3.		
		Multiple Dependent Claims
		Fee (\$)
		Fee Paid (\$)
		.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY		Registration No.	Telephone
Signature	<i>Dana E. Stano</i>	(Attorney/Agent) 50,750	404-879-2437
Name (Print/Type)	Dana E. Stano	Date January 19, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 NABIL L. MUHANNA, M.D.) Examiner: **Stokes, Candice C.**
Serial No: **10/047,587**) Art Unit: **3732**
Filed: **January 15, 2002**) Attorney Docket no: **M112 1100**
For: **INTEVERTEBRAL DISC PROSTHESIS AND METHODS OF IMPLANTATION**

THIRD AMENDMENT AND RESPONSE

Commissioner for Patents
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Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed October 20, 2004, please enter the following amendments and consider the following remarks.

In accordance with 37 C.F.R. 1.121, the present amendment is submitted in separate sections as follows.

1. **Amendments** to the Claims, presented as a Listing of Claims, begin on page 2 of this paper.
2. **Remarks** begin on page 6 of this paper.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being sent via facsimile to Examiner Stokes at facsimile number 703-872-9306 on January 19, 2005.



Pam Turnbough